

## SONNING COMMON HEALTH CENTRE

### IUD INSERTION CONSENT FORM

You have requested to have a coil fitted. In order to ensure that you understand what this involves, and that it is suitable for you, we request that you read the following and if you are happy after doing so, please sign the consent form to authorise the clinician to go ahead with the insertion.

***An intrauterine device may NOT be inserted if the answer to any of the following is yes:***

***Please circle your answer.***

- Is there any chance you could be pregnant? **YES/NO**
- Do you have irregular or abnormal bleeding e.g. mid-cycle or after intercourse that has not been investigated? **YES/NO**
- Do you have any symptoms of a pelvic infection with, for example, pain, pain with intercourse or vaginal discharge or have you suffered from pelvic inflammatory disease or a pelvic infection in the last two years? **YES/NO**
- Do you have an abnormality of the uterus including fibroids that may affect the shape and size of the womb? **YES/NO**
- Do you have or have you had in the last three months any condition affecting your cervix or womb particularly requiring antibiotics? **YES/NO**
- Do you have a cervical or uterine malignancy? **YES/NO**
- Do you have any condition that would make you more at risk of getting an infection e.g. a heart condition, liver disease or blood problem? **YES/NO**
- Do you have any allergies to copper or progesterone? **YES/NO**
- Do you have a history of ovarian cysts? **YES/NO**
- Do you have diabetes? **YES/NO**
- Have you had a caesarean section in the last 12 weeks? **YES/NO**
- Are you on Warfarin or any other blood-thinning drug? **YES/NO**
- Are you allergic to local anaesthetic? **YES/NO**

If you have answered **yes** to any of the above please discuss with your doctor, as a coil may not be suitable at the present time.

If you have answered **no** to all the above, read on.

#### **Additional information:**

- Are you under 25 years age? **YES/NO**
- Have you had a change of sexual partner in the last year? **YES/NO**
- Have you had more than one sexual partner in the last year? **YES/NO**
- Does your regular sexual partner have other partners? **YES/NO**

If you answer YES to any of the above it is strongly recommended that you have swabs taken prior to fitting to check for any pelvic infection such as chlamydia. Please book an appointment for this at least one week before your Coil fitting date. If you do not wish swabs taken please

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inform the fitter of the above information as you will be offered antibiotics to cover any risk.

#### ***Problems that can occur with any IUD insertion:***

- There is a small risk of ectopic pregnancy, a pregnancy occurring outside the womb. This is less likely than if no contraception is used but more likely if there is a history of a previous ectopic pregnancy or pelvic infection.
- Insertion and removal may cause some pain and bleeding.
- Insertion can precipitate fainting.
- Insertion can precipitate a seizure in an epileptic patient.
- IUDs increase the likelihood of pelvic infection which are more common in patients with multiple sexual partners, frequent intercourse and young age. The Mirena/IUS (progesterone-releasing IUD) has a much lower risk of infection. If you have a new sexual partner or have had more than one sexual partner in the last 12 months you may be at risk of chlamydia even if you have no symptoms, please discuss screening with your nurse or doctor.
- Expulsion of the coil can occur. This is more likely in the first 24 hours and during the first period. For this reason we recommend waiting for your six week check before relying on it for contraception. Expulsion can cause pain and bleeding but can be associated with no symptoms. We recommend also checking your strings to verify the coil is in place.
- Perforation of the uterus or cervix may occur. This is more likely at insertion but is rare occurring in 1 in 1000 patients. This may be associated with severe pain and continued bleeding.
- Loss of threads can occur for various reasons but if you are unable to feel your threads you should have your coil checked and not rely on it for contraception. Sometimes an ultrasound scan is needed to locate it or check for expulsion.
- Pregnancy can still occur as no form of contraception is 100% effective it is less than 1 pregnancy per 100 woman years for the Mirena.
- When a non Mirena coil is fitted periods can be heavier and more painful due to the presence of the coil.

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#### ***Problems that can occur specifically with a Mirena IUD/IUS (progesterone-releasing IUD):***

- It is quite normal to get irregular and persistent bleeding for 3-6 months after insertion of a Mirena coil (20% of women). In most women this is just spotting and it settles down after 6 months but in 3% of women it persists. 17% of women will become amenorrhoeic meaning they have no periods at all for at least 3 months.
- Irregular bleeding may mask symptoms and signs of endometrial cancer.
- Functional ovarian cysts (i.e. non cancerous cysts) have been diagnosed in about 10-12% of patients, which are also common with progesterone-only contraception taken by mouth. In most cases they disappear spontaneously over 2 to 3 months but may require further investigation or treatment. They can cause pelvic pain or pain with intercourse.
- Low dose levonorgestrel (the progesterone in the Mirena) may affect glucose tolerance and blood glucose concentration should be monitored in diabetic users.
- If pregnancy does occur with the Mirena coil the coil must be removed and termination of the pregnancy considered, as there is an increased risk of spontaneous abortion and premature labour.
- Other side effects reported include: headache (rarely migraine), lower abdominal pain, back pain, skin disorders, mastalgia, and other benign breast conditions, vaginitis, depression and other mood changes, nausea and oedema. Individual cases of weight gain, hair loss, greasy hair and abdominal bloating have also been reported.

#### ***Information if having an IUD changed:***

- If you are having a coil removed and another fitted you must refrain from intercourse or use reliable alternative forms of contraception for at least 2 weeks prior to coming. Alternatively you may attend with your normal menstrual period, ideally in the last 5 days. This is because removing a coil can cause the entrance of the womb to constrict and this can mean it is not possible at that time to insert a replacement. Intercourse that has occurred in the previous weeks could then result in pregnancy. We can give the post coital contraceptive pill if the only occasion was within 72 hours of the coil removal.

**We strongly advise taking ibuprofen (unless there is a reason you can not take it e.g. allergy, severe asthma, previous stomach ulcer) before coming for any insertion of an IUD/coil but particularly a change of coil.**

If you understand the above and are happy to proceed please fill in the attached form. If not please discuss with your doctor or the family planning nurse.

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I have read the above information and I declare I have none of the conditions described that mean I am not suitable for an IUD.

I understand the possible complications and side effects and accept the risk of these occurring.

I feel that the information supplied is sufficient for me to make an informed decision about having an IUD/coil inserted.

I wish to go ahead with having a Mirena/ non-hormonal IUD (please delete as appropriate) coil inserted.

The first day of my last period was \_\_\_\_\_ (please fill in date).

I confirm that I am not pregnant.

**Signed:**

**Printed name:**

**Date:**

**Name of clinician fitting coil:** Free Text Prompt